



Advancing Sight  
Network®

**ASN/MIS 2026 Employee Cost per Pay Period**  
(26 pay periods per year)

Coverage Tier	Medical – Blue Options HSA	Medical – Blue Options Copay	Dental	Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$281.14	\$288.61	\$13.53	\$2.14
Employee + Child(ren)	\$210.85	\$216.46	\$19.53	\$2.37
Family	\$491.99	\$505.07	\$37.11	\$4.60